Receipt date: 02/07/2006

10567480 - GAU: 3772 IAP20 RS3'd STATO 07 FEB 2006

PTO/SB/08A

Under the	Paperwork Reduc	tion Act of 1995, r	no persons are requ		ormation unless it contains a valid OMB control number.	
Substitute of form 1449/PTO				Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY				Application Number	U.S. National Phase of PCT/182004/025807 480	
APPLICANT				Filing Date		
				First Name Inventor	Adam Schloesser	
				Group Art Unit		
(use as many sheets as necessary)			3))	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	013869-9006-01	

U.S. PATENT DOCUMENTS					
Examiner Initials	U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document		
	6,315,783	Katz et al.	November 13, 2001		

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract
					ļ	
-+				 	-	

Examiner Signature	/Victoria Hicks/	Date Considered	09/29/2009

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria. VA. 22313-1450.